



TPH/209

London Taxi and Private Hire Driver Licensing

Assisting Wheelchair Users - Exemption Application Form

A

Personal Details (to be completed by applicant)

A1 Taxi Badge or PHV Licence Number

A2 Surname/family name

A3 Forename(s)

A4 Title Mr, Mrs, Miss, Ms etc

A5 Date of birth

A6 Current Address

Postcode

Daytime telephone

B

Reason for Exemption (Applicants must read and complete this section)

The Equality Act 2010 places duties on the drivers of designated wheelchair accessible taxis and private hire vehicles to provide physical assistance to passengers in wheelchairs. All London taxis are wheelchair accessible but only a limited number of PHV's are. More information is available at tph.tfl.gov.uk

However to enable drivers with certain medical conditions that would make it impossible or unreasonably difficult for them to assist wheelchair users, to drive or continue to drive wheelchair accessible taxis or PHVs, the law includes provisions for the drivers to be exempt from these requirements on medical grounds.

The licensing authority is responsible for issuing exemption certificates and needs to be satisfied that it is appropriate to do so on medical grounds. In determining whether to issue an exemption certificate the licensing authority will consider medical evidence confirming the driver is unable to safely complete one or more of the following tasks:

- Securely erect wheelchair ramps (where applicable)
- Safely install a wheelchair and occupant into their vehicle (this may involve pushing a wheelchair up sloping ramps into the vehicle)
- ensure the wheelchair and occupant are secure in readiness for the journey (this may require the driver to help the passenger to get out of the wheelchair and into a seat); and
- reverse the entire process.

Most drivers with a medical condition severe enough to warrant an exemption are likely to be under a specialist (consultant) medical practitioner. It is therefore suggested that evidence should be sought from a specialist as to the severity of the condition.

The driver's General Practitioner should only be approached as a last resort where no other alternatives are available.

B1 Nature of Medical Condition

Please proceed to Section C overleaf

C**Data Protection**

Transport for London (TfL) its subsidiaries and service providers will use your personal information (including any references to your health, ethnic origin, nationality, or previous criminal convictions), for the purpose of assessing your application, administering the licencing regime, and equal opportunities monitoring. Your personal information will be properly safeguarded and processed in accordance with the requirements of the Data Protection Act 1998.

Further information, including a full copy of the Taxi and Private Hire Privacy notice, is available at tph.tfl.gov.uk

D**Declaration**

I declare that all the information provided on this form is true to the best of my knowledge. I understand that the grant of an exemption from the legal requirement to assist wheelchair users into a licensed taxi or private hire vehicle can be refused in any statements are subsequently found to be false. I undertake to keep TfL informed of any changes to any details provided on this form. I understand that a failure to do so will constitute a breach of the conditions under which exemption may be granted and, as such, may lead to the withdrawal of exemption, if granted.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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E**Medical evidence**

(For completion by a specialist Medical Practitioner)

E1

In your opinion, does the person named at section A have a medical/physical condition that would be aggravated by assisting wheelchair users into a taxi or private hire vehicle, or one that makes it impossible or unreasonably difficult for him/her to assist wheelchair users into a taxi or private hire vehicle
(Please ✓ as applicable)

No

Yes

If 'yes', please provide details in the spaces provided. State which part of the requirements at section B he/she is unable to meet, and why. Please attach any relevant medical reports.

E**Medical evidence continued**

E2

In your opinion, is this person's medical condition so severe that he/she should be exempt from assisting wheelchair users into a taxi or private hire vehicle
(Please ✓ as applicable)

No

Yes

F**Details of medical practitioner**

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Practice/Surgery/Hospital stamp (if applicable)

Please return completed form and supporting evidence to:

London Taxi and Private Hire
PO Box 177
Sheffield
S98 1JY